

Under-diagnosed Psychiatric Syndrome I: Trichotillomania

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Abstract

Trichotillomania is a chronic psychiatric condition characterised by uncontrollable, self-inflicted, hair pulling, resulting in noticeable hair loss. The hair pulling may occur anywhere on the body; with the scalp and eyelashes most commonly affected. Onset is often during childhood or early adolescence. Once presumed to be an obscure condition, the estimated lifetime prevalence is 1.5% for male and 3.4% for female college students. In very young patients, a more equal sex ratio is observed. On the whole, women show 5 to 10 times higher prevalence rates than men. Majority of the sufferers disguise their hair loss very well. Because of the secrecy and shame about their behaviour, many remain silent sufferers, and treatment is often delayed. Serotonin reuptake inhibitors currently are the pharmacological treatment of choice, although other drugs like naltrexone and antipsychotics like pimozide and haloperidol have varying responses. Behaviour therapy includes habit reversal coupled with exposure therapy and response prevention.

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Key words: Hair loss, Hair pulling, Self-inflicted, Treatment

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